

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3	///						53						
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49							99						
50							100						
TOTAL IND.	└─┘		└─┘		└─┘		TOTAL IND.	└─┘		└─┘		└─┘	
TOTAL DEP.	└─┘		└─┘		└─┘		TOTAL DEP.	└─┘		└─┘		└─┘	
TOTAL CLAIMS							TOTAL CLAIMS						